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PSYCHOSOCIAL ADJUSTMENT OF WOMEN WHO WERE SEXUALLY VICTIMIZED IN CHILDHOOD OR ADOLESCENCE

Derek Jehu
and
Marjorie Gazan

University of Manitoba

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ABSTRACT

As many as one third of all women have experienced sexual victimization as juveniles, and a range of emotional, inter-personal, and sexual problems appear to be frequent among these victims. On the current evidence, it is not possible to determine the extent to which these problems are a direct result of the exploitive sexual encounter or of other circumstances in the victims' lives. Nor can the incidence rates for various problems among victimized and non-victimized women be stated with any certainty, the samples on which estimates are made being biased and limited in many ways.

Emotionally, the problems of guilt, low self-esteem, and depression, are extremely common among victims, especially those who seek treatment.

The interpersonal relationships of many victims are characterized by feelings of isolation, alienation, and difference from other people, together with much mistrust and insecurity. There is some conflict of evidence over the prevalence of hostile or fearful attitudes towards men. Some victims do appear to avoid a lasting relationship with a man and many engage in a series of more transient and casual relationships. Prostitution also seems to be associated with sexual victimization in childhood. Among victims there appear to be tendencies to oversexualize all relationships with men, to engage repeatedly in ill-matched and punitive partnerships, and to exhibit a fear of intimacy. The evidence is contradictory on the incidence of homosexuality among women victims.

Sexual problems, and more particularly sexual dysfunctions, appear to be more frequent among victimized compared to non-victimized women. The dysfunctions exhibited include lack of motivation, sexual phobias, vaginismus, impaired arousal, difficulty in reaching climax, dyspareunia, and sexual dissatisfaction.

There is wide variation in adjustment between women victims, and among the factors that may contribute to these individual differences are the age of the child victim, the duration of the victimization, the nature of the sexual activity involved, and the perception of the woman concerning her feelings at the time of the victimization and its effects on her.

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In this paper we follow Finkelhor's (1979) usage of the term "sexual victimization" to refer to sexual experiences between juveniles and older persons that are exploitive because of the juvenile's age, lack of sexual sophistication, or relationship to the older person. The experiences covered range from exhibitionistic display of the offender's genitals through to sexual intercourse. They may or may not involve the use of force, and it is assumed that a juvenile is not competent to give an informed consent to the sexual activity. The age discrepancy criteria suggested are: (a) all experiences between a child aged 12 or under with a person who is five or more years older, or (b) all experiences between an adolescent aged 13 to 16 and a person at least 10 years older, which are considered by the adolescent at the time to be non-consensual and non-romantic in nature. Not all the studies discussed below conform completely to this definition but it does indicate the scope of sexual victimization as we use the term.

Turning now to the incidence of such victimization, on the basis of a review of the major surveys Herman concludes that their results are remarkably consistent in showing that "one fifth to one third of all women reported that they had had some sort of childhood sexual encounter with an adult male. Between four and twelve percent of all women reported a sexual experience with a relative, and one woman in a hundred reported a sexual experience with her father or stepfather" (1981, p. 12). All the surveys on which this conclusion is based were conducted in the United States, and there is no comparable information available in respect of Canadian women. It seems probable however, that sexual victimization is likely to be similarly widespread in this country.

The evidence reviewed below indicates that substantial proportions of victims exhibit various difficulties of adjustment in adulthood. One cannot be sure however, that these difficulties are a direct result of the sexual victimization per se. Other factors in the histories of many victims may well contribute to their later difficulties. These factors include family discord and disruption, parental blaming of the child for the victimization, and insensitive handling of the child victim by parents, police, courts, and social agencies.

Nor can the extent of later adjustment problems among victims be determined with any degree of precision. The available evidence is scarce, and frequently biased or limited in some way. For example, much of this evidence is derived from studies of adult victims who are clients of therapists or social agencies, or who are involved with the criminal justice system. By definition these victims are having some problems in their lives and they may not be representative of the general population of victims. Similarly, those victims who volunteer to participate in research studies may not be typical of all victims. Another limitation is the absence of a control or comparison sample of non-victims in many studies, so that the significance of difficulties among victims cannot be ascertained.

Despite these deficiencies in the evidence available it is clear that adult victims do commonly experience certain problems, and for heuristic purposes these are discussed below in the general categories of emotional, interpersonal, and sexual adjustment. The allocation of problems to these categories is somewhat arbitrary, and there is considerable overlap between them. It is apparent also that there is a wide variation in adjustment among adult victims, and some possible sources of these individual differences are reviewed below.

EMOTIONAL ADJUSTMENT

It is not absolutely clear whether the general population of victims has a higher prevalence of emotional disorders than non-victims (Courtois, 1979, Herman, 1981, Meiselman, 1980, Tsai, Feldman-Summers & Edgar, 1979), but there is no doubt that victims who seek treatment in adulthood frequently exhibit the closely related problems of guilt, low self-esteem, and depression.

Guilt

On the basis of their experience in conducting therapy groups for women who were sexually molested as children, Tsai and Wagner (1978) claim that guilt is universal among such women, and these authors attribute this guilt to three factors.

First, the child victim was often pressured to keep the molestation secret, and this may have conveyed the idea that what happened was something that she should be ashamed of and not reveal to others.

Second, guilt may arise from the experience of physical pleasure during the molestation, despite its repugnance to the victim.

Third, she may blame herself for allowing the molestation to continue over an extended period of time (an average of 4.6 years among Tsai and Wagner's subjects). Help to end it may not have been sought because of the pressure for secrecy, fear of not being believed, or reluctance to cause discord or disintegration in the family. The victim may feel however, that she must have contributed in some way to the continuance of the molestation, perhaps by being seductive, and that there must have been something more she could have done to stop it.

Low self-esteem

Closely related to feelings of guilt is the low self-esteem of many women victims, they often regard themselves as inferior or worthless compared to other people.

For instance, among 30 women victims of incest who volunteered to be interviewed in a research study conducted by Courtois (1979), 87% reported their sense of self as having been moderately to severely affected. Similarly, among 40 father-daughter incest victims in psychotherapy, 60% had a predominantly negative self-image. The investigator comments that "Many women felt that what set them apart from others was their own evilness. With depressing regularity, these women referred to themselves as bitches, witches, and whores. The incest secret formed the core of their identity". (Herman, 1981, p.97).

Depression

Not surprisingly in view of the prevalence of guilt and low self-esteem, depression is also commonly reported among victims.

Thus, in Meiselman's (1978) study of 26 father-daughter incest victims and a control sample of non-victims, both groups being in psychotherapy, depression was diagnosed in 35% of the victims compared to 23% of the non-victims. In Herman's study of 40 father-daughter incest victims in psychotherapy, 60% exhibited major depressive symptoms.

INTERPERSONAL ADJUSTMENT

In general, the interpersonal relationships of adult victims are often characterized by feelings of isolation, alienation, and difference from other people, together with much mistrust and insecurity. For instance, such problems were rated from moderate to severe by 73% of the 30 women incest victims who volunteered for the Courtois (1979) study.

In the same study, 79% of the women reported moderate to severe problems in their relationships with men particularly. These problems included disappointment, fear, hostility, mistrust, and a sense of betrayal. Similarly, in Meiselman's (1978) psychotherapy samples of 26 father-daughter incest victims and controls, 64% of the victims and 40% of the controls complained of conflict with, or fear of, the husband or sex partner.

In contrast, Herman (1981) reports that only 3 of her 40 father-daughter victims in psychotherapy expressed a predominantly hostile or fearful attitude towards men or avoided men entirely, the majority tended to overvalue and idealize men. Whatever anger they felt was most commonly directed towards women, including themselves, whom they regarded with contempt as inadequate people with nothing to offer or as potential rivals for male partners. This hostility generally prevented the development of supportive female friendships.

Avoidance of relationships

Clinically, there are indications that some women victims do avoid any longer-term relationship with a man, and there is possible support for this in the marriage rates reported.

For instance, among Meiselman's (1978) psychotherapy subjects, 39% of 23 father-daughter incest victims had never married compared to 20% of the control group. This was also true of 40% of the 30 research volunteer incest victims interviewed by Courtois (1979).

Transient relationships

In contrast to the avoidance of longer-term relationships there is evidence that many victims do tend to have numerous sexual relationships of a more transient and casual nature.

Tsai et al (1979) studied three groups, each consisting of 30 women: (a) a clinical group comprising women currently seeking therapy for problems associated with childhood

molestation. In this group 43% of the women reported having 15 or more consensual sexual partners. The equivalent proportions were (b) 17% in a non-clinical group consisting of women who had been molested as children but who had never sought therapy, and (c) 9% in a control group of women who had never been molested and who were matched to the non-clinical group.

Further evidence is available among the psychotherapy patients studied by Meiselman (1978), who defines promiscuity as occurring if the woman reports "having sex on a very casual basis or changing her sexual partner very frequently - say every few weeks or months" (p.135). According to this criterion, 19% of 26 victims of father-daughter incest were judged to have gone through a period of promiscuity subsequent to the incestuous experience. This promiscuity may be attributable to the oversexualized and "masochistic" nature of victims' relationships with men, and to their inability to respond sexually with more lasting and intimate partners. These contributory factors are discussed in the next three sections.

There is also some recent evidence indicating that prostitution may be commoner among victims than in the general population. James and Meyerding (1977) interviewed 136 adult women prostitutes in a U.S. city. Prior to their first intercourse, 52% of these women had experienced attempts at sexual play or intercourse by a person more than 10 years older than themselves. As 92% of the women had experienced intercourse before the age of 18, it is clear that the vast majority of sexual advances by older persons must have occurred when the victim was a child or adolescent.

In comparison to the incidence of 52% for such advances among the prostitutes, James and Meyerding cite Gagnon's (1965) figure of 23% of women in a sample from the general population who had experienced advances by a man at least five years older than themselves. Furthermore, 12% of the offenders were fathers, stepfathers, or foster fathers in the prostitute group, whereas only 2% were "father figures" in Gagnon's sample from the general population. Thus, it seems that adult sexual advances during childhood and adolescence were experienced more commonly by prostitutes, and these advances were more often made by the victim's father.

The investigators speculate that sexual exploitation at an early age lowers the victim's self-esteem and lessens her resistance to viewing herself as a saleable commodity. Herman makes a similar point: "The father, in effect, forces the daughter to pay with her body for affection and care which should be freely given. In so doing, he destroys the protective bond between parent and child and initiates his daughter into prostitution" (1981, p.4). It should be noted also that many victimized adolescents run away from home and prostitution may be a means of survival for them on their own.

Oversexualized relationships

An unknown proportion of incest victims are described as having a tendency to sexualize all their relationships.

There are several possible reasons for this tendency. The victims may not be able to distinguish sex and affection because of the confusion of parental love and sexuality in childhood (Meiselman, 1978). They may have learned to use sex as an effective

means of getting attention (Herman, 1981), and some may have a compulsive need for sex as proof of being loved and of being an adequate woman (Courtois, 1979). Whatever the reason, the result is often a constant series of brief, unsatisfying, hurtful, and damaging relationships, which only serve to increase the victim's distrust of other people.

Dissonant relationships

A related issue is the tendency of victims to engage repeatedly in relationships with apparently unsuitable partners who often misuse the women.

Thus, among Meiselman's (1978) psychotherapy patients, 42% of 26 father-daughter incest victims were said by their therapists to be "masochistic", meaning that the women sought out and passively tolerated relationships in which they were mistreated. Terms such as "doormat", "punching bag", and "dish-rag" were often used to describe these women. On the basis of their experience in running therapy groups for women who were sexually molested as children, Tsai and Wagner (1978) also note the seeming compulsion of some of these victims to get involved with unworthy men, who not infrequently resemble the molester.

Several speculations have been advanced to account for this tendency towards ill-matched and punishing relationships. The victim's self-esteem is often so low that she always selects partners who are beneath her and who do not embody high standards which she feels she cannot live up to (Tsai & Wagner, 1978). It has been suggested also that the woman's mistreatment by men might serve as further proof that "they are all beasts", and thus to justify her moral superiority and hostility towards them (Meiselman, 1978). Finally, the woman may never have learned the skills required to protect herself and assert her rights in a relationship, and she may have acquired only very limited expectations of what she might reasonably demand from a partner. Any such deficiencies in skills and expectations could stem from the victim's modelling of her mother's passive role in relation to a dominant father, a situation that is typical of many incestuous families (Herman, 1981, Meiselman, 1978).

Some incestuous fathers appear to have a hatred of women and a fear of being controlled by them, which are often acted out in a history of rape and wife-beating. Certainly it is not uncommon for incestuous fathers to adopt an extremely dominant, tyrannical, and imperious role in the family, so that other members are intimidated, threatened, and physically abused. Such coercion is often based on the ideal of the patriarch, to whom the wife and daughters should be obedient and faithful, even extending to the sexual subordination and possession of the daughters by the father. Often these fathers are highly moralistic and religious, and they tend to advance strongly held ethical or doctrinal justifications for their behaviour.

In contrast, the mothers of incest victims are often unable or unwilling to fulfill the customary maternal functions because they are absent, ill, depressed, alcoholic, poorly educated, or subservient to their husbands. One consequence of such incapacities is that the mother is unable to protect, supervise, and guide her daughters, who are consequently more vulnerable to victimization. Another consequence is that the mother does not model or transmit self-protective and assertive skills to the daughters. Oppressed and demoralized wives who are victims themselves are in a poor position to instruct and equip their daughters to avoid these hazards. Thus the daughters of

incapacitated mothers may well grow up to be incapacitated mothers themselves, whose daughters will in turn be vulnerable to sexual victimization. This may be one reason for the intergenerational occurrence of victimization in some families, and it follows that every effort is required to break this cycle of victimization by helping women victims to function more adequately as mothers, as well as modifying the supremacy of males in our society that may be facilitating the excessively dominant role adopted by many of the fathers concerned.

Fear of intimate relationships

Some victims have difficulty in maintaining a longer term relationship with a man, because of the increasing closeness and intimacy that this involves. Therefore they tend to have a series of shorter term, more superficial relationships.

Kaplan refers to this pattern as a fear of intimacy, meaning "a special quality of emotional closeness between two people. It is an affectionate bond, the strands of which are composed of mutual caring, responsibility, trust, open communication of feelings and sensations, as well as the non-defended interchange of information about significant emotional events" (1979, p.183). Fear of such intimate relationships is also referred to by Levay and Kagle (1977) as an "intimacy dysfunction", in which people have difficulty in functioning sexually under conditions of involvement and commitment with an established partner, although they may be able to do so quite adequately during relatively impersonal or transient sexual relationships.

One reason for such difficulties in victims is that the more intimate a relationship becomes the greater the likelihood that it will recapitulate the earlier traumatic experiences with an offender who was emotionally close to the victim. Another possible reason is a profound distrust of intimate relationships arising from having been exploited by the offender and inadequately protected by the mother.

Homosexual relationships

There is some recent evidence indicating a greater tendency towards homosexual relationships among victimized women compared to non-victims.

In Meiselman's (1978) psychotherapy sample, 30% of 23 victims of father-daughter incest had either adopted a gay life style or they reported significant homosexual experiences or feelings. The equivalent proportion for the control subjects is not cited, but homosexuality is said to be rare amongst them. Many of the homosexually oriented victims appeared to be reacting to very negative heterosexual experiences, often involving phobic reactions to sexual activity and frequently culminating in a strong hatred of men. Quite commonly, the homosexual orientation was not manifested until after many years of heterosexual experience.

In a questionnaire study of 225 homosexual and 233 heterosexual women conducted by Gundlach (1977) there were 18 subjects who had been molested or raped by a **stranger** when the victim was aged 15 or younger. Of these victims, 55% were homosexual in adulthood. There were also 17 women who had been molested or raped by a **relative or close friend** when the victim was aged 15 or under, and in most cases the victimization was

strongly coercive. Of these victims, 94% were homosexual in adulthood. These somewhat startling findings on the apparently high incidence of homosexuality among victims obviously merit further investigation. Certainly they are markedly discrepant from Meiselman's (1978) figure of 30% noted above, as well as a report by Herman (1981) of only 5% homosexual, and 7.5% bisexual, women among 40 father-daughter incest victims.

SEXUAL ADJUSTMENT

The incidence of sexual problems among women who were sexually victimized in childhood or adolescence has been shown to be substantial in several different populations.

Fritz, Stoll and Wagner (1981) administered a questionnaire to 542 female college students to ascertain the incidences of sexual molestation and adult sexual problems in a non-clinical population which is fairly representative of the age group in the United States. Sexual molestation was defined as having at least one sexual encounter with a post-adolescent individual before the subject reached puberty. A sexual encounter was defined as physical contact of an overtly sexual nature, including breast or genital fondling and oral sex. Criteria for adult sexual problems included their level of satisfaction in present sexual functioning, self-perceived sex problems and the need for therapy for such problems, and the effect of early sexual experience on current sexual attitudes and behavior.

According to these definitions, 42 (7.7%) of the 542 subjects had been sexually molested, and 10 (23%) of these 42 women had current problems in their sexual adjustment. Unfortunately, the investigators do not report the incidence of sexual problems among the unmolested subjects, so that the significance of the rate among those who were molested cannot be determined with any certainty.

In the Meiselman (1978) study of psychotherapy patients, 87% of 23 father-daughter incest victims reported a current sexual problem or a serious problem in sexual adjustment at some time after the incest. In contrast, only 20% of 100 control subjects had reported sexual problems during therapy. The sexual problems among the incest victims were described as including frigidity, promiscuity, and confusion about sexual orientation, and it was not unusual for a victim to report two or three of these.

Finally, among the 30 research volunteer incest victims studied by Courtois (1979) the sexual effects of this experience were rated as moderate to severe by 80% of the victims. Their complaints included a compulsive need for sex, abstention from sex, and an inability to relax and enjoy sexual activity.

One type of problem that appears to be common among victims is sexual dysfunction, involving some impairment of sexual motivation, performance, or satisfaction (Jehu, 1979, Kaplan, 1974, 1979). In a questionnaire study of volunteers from the general population in the United States, Glasner (1980) found that sexual dysfunction in adulthood was experienced by 64% of 28 women who were sexually molested in childhood, while the comparable proportion for 15 unmolested women was 28%. This difference is significant at the 1% level. Conversely, in a study of 240 women who were seeking counseling for sexual dysfunctions (Baisden & Baisden, 1979) it was found that 90% reported sexual encounters before they were 18 years old with males who were at least four years older.

Often these dysfunctions are not manifested until some time after a sexual relationship commences. Initially, the impairment may be masked by the novelty and limited commitment of many early sexual contacts. Once a relationship becomes more established and closer, then feelings associated with victimization by an adult who was "related" to the child may be reactivated. Sometimes women will say that their partner has changed and has become more like the offender. This is the reaction pattern referred to above as an intimacy dysfunction.

Impaired motivation

Victims will sometimes report that they do not experience any interest in sex, they could go on indefinitely without missing sexual activity and abstinence from it is often a relief to them. Thus, in a small group of 12 incest victims who volunteered for a research study, 33% were reported to have a desire dysfunction (Becker, Skinner, Abel, and Treacy, 1982).

There are a number of possible causes for such impaired motivation in victims, including poor physical health, depression, conflict between the partners, fears of intimacy or romantic success, and the avoidance of sex because it is a painful, distressing, or unsatisfying experience for the woman (Jehu, 1979., Kaplan, 1979).

Sexual phobias

One reason why sex may be distressing is because it evokes strong phobic reactions in the victim (Kaplan, Fyer and Novick, 1982). For example, in the study by Becker et al (1982) cited above, a fear of sex was reported in 75% of the 12 incest victims.

Certain specific features of sexual activities, such as being touched in a particular way or coming into contact with semen, will elicit intense, irrational anxiety. Often these disturbing features are recapitulations of traumatic aspects of the victimization experience. The anticipation of the anxiety evoking events may be even more overwhelming than actual exposure to them, so that sexual approaches and foreplay may also become aversive. Even purely affectionate acts, such as a hug or kiss, may evoke anxiety unless the situation is such that a possible progression to sex is ruled out. In many victims, these feelings of anxiety are accompanied by physiological reactions such as profuse sweating, nausea, vomiting, diarrhea, or palpitations. It is understandable that phobias also include the avoidance of eliciting events. Consequently, the woman's sexual motivation is liable to become impaired, the range of foreplay is restricted, and the frequency of intercourse is reduced. Often it is performed only under pressure from the partner, from a sense of obligation towards him, or after the victim has been drinking.

Vaginismus

Vaginismus is a dysfunciton that is often associated with a sexual phobia, in this case of vaginal penetration. The threat of penetration evokes an involuntary reflex response consisting of the spastic contraction of the muscles at the outer third of the

vagina and the perineum. Consequently, intromission is either completely prevented or only possible with great difficulty and pain (Fertel, 1977, Lamont, 1978). As with other sexual phobias, the anxiety reaction to vaginal penetration and the accompanying reflex spasm may have been acquired during the earlier victimization experience.

Impaired arousal

In some victims, either or both of the physiological and psychological components of sexual arousal are impaired. Thus, a woman does not respond to sexual stimulation with the usual responses of vaginal lubrication and swelling, accompanied by erotic sensations and feelings. These responses may occur during masturbation but not with a partner. In the Becker et al (1982) study, 42% of the 12 incest victims were reported to have an arousal dysfunction.

One reason for such impaired arousal is the evocation during lovemaking of the phobic reactions discussed above. It is well known that excessive anxiety can disrupt arousal, and this is also likely to be terminated by the occurrence of physiological symptoms such as nausea, retching, and vomiting. Additionally, those aspects of lovemaking that are disturbing will be physically avoided, consequently effective sexual stimulation may not be received.

Such deficient stimulation may also result from the cognitive avoidance, or reduced awareness, of disturbing aspects of a sexual encounter. The woman does not perceive the stimulation she is receiving, nor does she experience the erotic sensations and feelings usually associated with it, consequently sexual arousal is impaired. In extreme cases, these sensations and feelings are totally lacking even to very intense stimulation, a condition sometimes referred to as "genital" or "sexual anesthesia".

Among the features of lovemaking that may evoke phobic reactions is the occurrence of "flashbacks" to the victimization experience. If something happens during the current encounter that reminds the woman of the traumatic incidents, then she may have a vivid memory or image of them which is very disturbing to her. Consequently, her response is more appropriate to the past incidents than to the present activity with a partner whom she may love very much.

Another common disturbing feature is any element of being coerced, used, or controlled by the current partner. This is also liable to recapitulate the earlier victimization experience and to evoke aversive reactions. For some victims, arousal is possible providing that they initiate and remain fully in control of the lovemaking.

Finally, some victims experience phobic reactions to the slightest hint of pleasure arising in a sexual encounter. Possibly, any such pleasure during the earlier victimization was associated with considerable guilt and distress, so that it has become threatening to the victim.

Impaired climax

Whether as a result of impaired arousal or for other reasons, some victims experience difficulty in reaching climax during their current sexual encounters. Thus, 42% of the 12 incest victims studied by Becker et al (1982) exhibited primary or secondary nonorgasmia.

Similarly, in Meiselman's (1978) psychotherapy sample, 74% of 23 father-daughter incest victims experienced organistic dysfunction (the equivalent proportion for the control subjects is not reported). Some of these victims could attain orgasm under specific circumstances; for example, during masturbation, when they had been drinking, with a new partner, or with a "safe" partner who is extremely undemanding and patient, unlike the earlier offender.

In contrast, there are some victims who can reach climax quite easily, even though they may not be sexually motivated or aroused. The orgasm seems to come "out of the blue". Often these victims can only climax during intercourse and not in response to other stimulation by a partner (McGuire and Wagner, 1978). In some cases also, the orgasm is not an enjoyable or satisfying experience. It is almost as if the victim has acquired the response at an early age, but in traumatic circumstances so that it has never been associated with pleasure (Tsai and Wagner, 1978).

Dyspareunia

Some women victims report experiencing pain during intercourse. In a proportion of cases, of course, this may be due to pelvic pathology, but it may also be caused by inadequate lubrication during the arousal process, or by the muscular contraction involved in vaginismus (Lamont, 1980, Wabrek and Wabrek, 1975).

An interesting finding is reported recently by Gross, Doerr, Caldirola, Guzinski, and Ripley (1980). They investigated 25 women complaining of chronic pelvic pain, 80% of whom were also experiencing difficulty in their sexual activities. On gynecological examination 60% of the patients were found to be normal, while 40% had only minor degrees of abnormality such as muscle spasm and pelvic relaxation. What is noteworthy is that 36% of the 25 women had a history of incest, whereas we saw above that the corresponding rate in the general population is likely to be between 4% and 12%.

Sexual dissatisfaction

It is important to recognize that despite the existence of some impairment of sexual motivation or performance it is still possible for a sexual relationship to be satisfying to the couple concerned. For instance, in a study of 100 happily married couples, it was found that 40% of the men and 63% of the women were currently experiencing some difficulty in sexual performance, and yet 80% of the couples considered their sexual relations to be satisfying (Frank, Anderson, and Rubenstein, 1978).

In the case of some victimized women however, there is evidence to suggest that their sexual relationships tend to be characterized by dissatisfaction as well as other dysfunctions. Thus, in the study by Tsai et al (1979), (a) the clinical group of women

currently seeking therapy for problems associated with childhood molestation reported significantly less satisfaction than either (b) the non-clinical group of women who had been molested but had never sought therapy, or (c) the control group of women who had never been molested. The additional findings that (b) the non-clinical molested group and (c) the control unmolested group did not differ in sexual satisfaction, highlights the fact that dissatisfaction is not universal among molested women.

INDIVIDUAL DIFFERENCES IN ADJUSTMENT

It will be obvious from the above review that there are wide individual differences in the emotional, interpersonal, and sexual adjustment of victims when they reach adulthood. Very little systematic information is currently available on the possible sources of these differences.

Perhaps the best evidence to date is provided by Tsai et al (1979). They compared the clinical group of women seeking therapy for problems associated with childhood molestation, with the non-clinical group of women who had been molested in childhood but who had never sought therapy and considered themselves well adjusted. Compared to the non-clinical subjects, the clinical subjects (a) had more frequently experienced the last molestation incident when they were aged 12 years or older, (b) were molested for a longer period, (c) were molested at a higher frequency, (d) more commonly experi-enced attempted intercourse, (e) recollected their feelings at the time of the molestation as being more negative, and (f) perceived the adverse impact of the molestation on their lives to be greater.

SUMMARY AND CONCLUSION

As many as one third of all women have experienced sexual victimization as juveniles, and a range of emotional, interpersonal, and sexual problems appear to be frequent among these victims. On the current evidence, it is not possible to determine the extent to which these problems are a direct result of the exploitive sexual encounter or of other circumstances in the victims' lives. Nor can the incidence rates for various problems among victimized and non-victimized women be stated with any certainty, the samples on which estimates are made being biased and limited in many ways.

Emotionally, the problems of guilt, low self-esteem, and depression, are extremely common among victims, especially those who seek treatment.

The interpersonal relationships of many victims are characterized by feelings of isolation, alienation, and difference from other people, together with much mistrust and insecurity. There is some conflict of evidence over the prevalence of hostile or fearful attitudes towards men. Some victims do appear to avoid a lasting relationship with a man and many engage in a series of more transient and casual relationships. Prostitution also seems to be associated with sexual victimization in childhood. Among victims there appear to be tendencies to oversexualize all relationships with men, to engage repeatedly in ill-matched and punitive partnerships, and to exhibit a fear of intimacy. The evidence is contradictory on the incidence of homosexuality among women victims.

Sexual problems, and more particularly sexual dysfunctions, appear to be more frequent among victimized compared to non-victimized women. The dysfunctions exhibited include lack of motivation, sexual phobias, vaginismus, impaired arousal, difficulty in reaching climax, dyspareunia, and sexual dissatisfaction.

There is wide variation in adjustment between women victims, and among the factors that may contribute to these individual differences are the age of the child victim, the duration of the victimization, the nature of the sexual activity involved, and the perceptions of the woman concerning her feelings at the time of the victimization and its effects on her life.

This review has emphasized the many problems of adjustment experienced by women victims, and in conclusion it is fitting not to overlook the considerable positive qualities demonstrated by some of these women. As Herman puts it, "In spite of their unhappiness in their personal lives, the women who had survived incestuous abuse display some impressive strengths. Accustomed to hard work and responsibility since childhood, many became highly disciplined, dedicated, productive workers ... In adult life, a great number of the incest victims also continued the caretaking role that had been imposed on them in childhood. Several provided a home and refuge for their younger sisters, or took in runaway teenagers or other homeless children. Many dedicated themselves to raising children with the determination that their sons and daughters would not have to suffer what they themselves had suffered. ... Thus did the victims of incest grow up to become archetypally feminine women: sexy without enjoying sex, repeatedly victimized and yet repeatedly seeking to lose themselves in the love of an overpowering man, contemptuous of themselves and of other women, hard-working, giving, and self-sacrificing. Consumed with inner rage, they nevertheless rarely caused trouble to anyone but themselves" (1981, pp. 105, 106, 108).

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